

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25067

1. PLACE OF DEATH

35 County Douglas
 Township Buffalo
 City Buffalo (No.)

Registration District No. 288
 Primary Registration District No. 5402

File No.
 Registered No.
 St. Ward)

2. FULL NAME

James H. Dinnahoo
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anner Dinnahoo.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12th 1847</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>7</u>	DAYS <u>0</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Planning</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
FATHER	13. NAME <u>Dant Kraw</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dant Kraw</u>
	15. MAIDEN NAME <u>Dant Kraw</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dant Kraw</u>
MOTHER	17. INFORMANT (ADDRESS) <u>J. G. Cardwell, mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cardwell</u> DATE <u>Aug 13 33</u>
	19. UNDERTAKER (ADDRESS) <u>Howard & Linker</u>
	20. FILED <u>8-13</u> 19 <u>33</u> <u>Eu. Back</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-12- 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug-8th 1933, to Aug-11- 1933
 I last saw him alive on Aug-11- 1933 Death is said to have occurred on the date stated above, at 12⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:

Sanility
102 162
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Eu. Back M. D.
 (Address) Cardwell mo.

